

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
POULTRY PROGRAMS

The information is needed as a basis of payment for performing shell egg surveillance work. Response is required to obtain payment (7 CFR 59).

INSTRUCTIONS: Prepare in four copies. Send original and two copies to reach the applicable Federal-State Supervisor no later than the 20th of the month following the end of the reporting quarter. Retain the last copy for your records.

SHELL EGG SURVEILLANCE QUARTERLY COST REPORT

1. COOPERATING AGENCY (Name and Location)

2. REPORTING QUARTER (From-Thru)

ACTUAL DIRECT COSTS

3. PERSONNEL SALARY COSTS

	Travel Hours	Work Hours	Total Hours	Total Cost
a. Inspector.				\$
b. Supervisor.				\$
c. Clerical.				\$
d. Total Personnel Salary Costs (a+b+c).				\$

4. FRINGE BENEFITS

e. Line d times _____ % Percentage Rate.

\$

Explanation

5. TRAVEL COSTS

f. Total miles _____ times \$ _____ ¢ per mile.

\$

Explanation - Other Travel Costs

g. Lodging and meals.

\$

h. Other travel costs (Explain).

\$

i. Total Travel Costs (f+g+h).

\$

6. OTHER COSTS

j. Telephone (Explain).

\$

k. Supplies (Explain).

\$

l. Miscellaneous (Explain).

\$

m. Total Other Costs (j+k+l).

\$

Explanation

7. TOTAL ACTUAL DIRECT COSTS (d+e+i+m).

\$

INDIRECT COST (If Applicable)

8. Applicable portion of line 7 times _____ % Approved Percentage Rate

\$

Calculation

9. TOTAL QUARTERLY COSTS (7+8).

\$

10. REMARKS (continue on reverse if needed)

11. SIGNATURE OF STATE REPRESENTATIVE

12. TITLE

13. DATE

14. SIGNATURE OF FEDERAL-STATE SUPERVISOR

15. DATE